

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2	1				
3	1				
4	1				
5	1				
6	1				
7	5				
8	5				
9	1				
10	1				
11	1				
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43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	5				
TOTAL DEP.	14				
TOTAL CLAIMS	19				

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					